## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10825217

| CLAIMS AS FILED - PART I                                                              |                                                |                                                                                            |                                  |                                       |                                        |                                  |               | SMALL ENTITY      |                        |       | OTHER THAN                  |                        |
|---------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------|----------------------------------------|----------------------------------|---------------|-------------------|------------------------|-------|-----------------------------|------------------------|
| TOTAL CLAIMS (Column 1)                                                               |                                                |                                                                                            |                                  |                                       |                                        | lumn 2)                          | ר             | TYPE              |                        | 01    | R SMAL                      | L ENTITY               |
| TOTAL CLATIVIS                                                                        |                                                |                                                                                            | [1                               | [ [                                   |                                        |                                  | _             | RATE              | FEE                    |       | RATE                        | FEE                    |
| FOR                                                                                   |                                                |                                                                                            | пимв                             | NUMBER FILED                          |                                        | NUMBER EXTRA                     |               | BASIC FE          | 385.C                  | 00 01 | RASIC FE                    | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                |                                                                                            | 11 1                             | 1 minus 20=                           |                                        |                                  | ]             | X\$ 9=            |                        | OF    | X\$18=                      |                        |
| INDEPENDENT CLAIMS                                                                    |                                                |                                                                                            | 9                                | 9 minus 3 =                           |                                        |                                  |               | X43=              |                        | OF    | X86=                        |                        |
| М                                                                                     | ULTIPLE DEPE                                   | ENDENT CLAIM                                                                               | PRESENT                          | RESENT                                |                                        |                                  |               | +145=             |                        | OF    | +290=                       |                        |
| *                                                                                     | f the differenc                                | e in column 1 i                                                                            | s less than                      | zero, enter                           | "0" in                                 | column 2                         | Ĺ             | TOTAL             | <del> </del>           | OF    | `                           | 920 1                  |
|                                                                                       |                                                | CLAIMS AS                                                                                  | ·<br>ED - PAR <sup>*</sup>       | T II                                  |                                        |                                  | 101/12        | L                 |                        |       | R THAN                      |                        |
|                                                                                       |                                                | (Column 1)                                                                                 |                                  | (Column 2) (Column                    |                                        |                                  | <u> </u>      | SMALL             | ENTITY                 | OR    |                             | ENTITY                 |
| AMENDMENT A                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                  |                                  | NUME<br>PREVIO<br>PAID F              | BER<br>USLY                            | PRESENT<br>EXTRA                 |               | RATE              | ADDI-<br>TIONAI<br>FEE |       | RATE                        | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | *                                                                                          | Minus                            | **                                    |                                        | =                                |               | X\$ 9=            |                        | OR    | X\$18=                      |                        |
|                                                                                       | Independent                                    | *                                                                                          | Minus                            | ***                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | =                                |               | X43=              |                        | OR    | X86=                        |                        |
|                                                                                       | FIRST PRES                                     | ENTATION OF M                                                                              | IULTIPLE DI                      | EPENDENT                              | CLAIM                                  |                                  | <b>!</b>      | +145=             |                        | OR    | +290=                       |                        |
|                                                                                       |                                                |                                                                                            |                                  |                                       |                                        |                                  | L             | TOTAL             | ļ                      | OR    | TOTAL                       |                        |
|                                                                                       |                                                | (Column 1)                                                                                 | •                                | (Colum                                | n 2)                                   | (Column 3)                       | AE            | DIT. FEE          | L                      |       | ADDIT. FEE                  | L                      |
| AMENDMENT B                                                                           |                                                | CLAIMS REMAINING AFTER AMENDMENT                                                           |                                  | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F   | ST<br>ER<br>JSLY                       | PRESENT<br>EXTRA                 |               | RATE              | ADDI<br>TIONAL<br>FEE  |       | RATE                        | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | *                                                                                          | Minus                            | **                                    |                                        | =                                |               | X\$ 9=            |                        | OR    | X\$18=                      | . (                    |
|                                                                                       | Independent                                    | ·*                                                                                         | Minus                            | ***                                   |                                        | =                                |               | X43=              |                        | OR    | X86=                        |                        |
|                                                                                       | FIRST PRESE                                    | NTATION OF MI                                                                              | JLTIPLE DE                       | PENDENT (                             | CLAIM                                  |                                  |               | -145=             |                        | OR:   | +290=                       |                        |
|                                                                                       |                                                |                                                                                            |                                  |                                       |                                        |                                  | L             | TOTAL<br>DIT. FEE |                        |       | TOTAL<br>ADDIT. FEE         |                        |
|                                                                                       |                                                | (Column 1)                                                                                 | 7                                | (Column                               |                                        | (Column 3)                       |               |                   |                        |       |                             |                        |
| L L                                                                                   |                                                | REMAINING<br>AFTER<br>AMENDMENT                                                            |                                  | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>SLY                               | PRESENT<br>EXTRA                 | F             | RATE              | ADDI-<br>TIONAL<br>FEE |       | . RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | *                                                                                          | Minus                            | **                                    |                                        | =                                | $\rightarrow$ | (\$ 9=            |                        | OR    | X\$18=                      |                        |
|                                                                                       | Independent                                    | *                                                                                          | Minus                            | ***                                   |                                        | = .                              | $\rightarrow$ | (43=              |                        | OR    | X86=                        |                        |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                            |                                  |                                       |                                        |                                  |               |                   |                        |       |                             |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                |                                                                                            |                                  |                                       |                                        |                                  |               |                   |                        |       |                             |                        |
| ** If<br>***If                                                                        | the "Highest Nun<br>the "Highest Nun           | nn Tis less than the<br>nber Previously Pai<br>nber Previously Paid<br>ber Previously Paid | id For" IN THI<br>id For" IN THI | S SPACE is le<br>S SPACE is le        | ss than<br>ss than                     | 20, enter "20."<br>3, enter "3." | ADD           | TOTAL<br>IT. FEE  | opriate box            |       | TOTAL<br>DDIT. FEE<br>mn 1. |                        |